

# Yorkshire Housing Limited

## Park View Road

### Inspection report

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### Ratings

Overall rating for this service	Good	
Is the service safe?	Requires improvement	
Is the service effective?	Good	
Is the service caring?	Good	
Is the service responsive?	Good	
Is the service well-led?	Good	

### Overall summary

The inspection took place on 25 November 2015 and was unannounced. There were 10 people living at the home at the time of the inspection.

Park View Road provides accommodation and personal care to a maximum of 10 people with learning disabilities. The service is located in a residential area of Bradford close to Lister Park.

The last inspection was carried out on 22 July 2014. At that time the service was given an overall rating of requires improvement. Improvements were required in the safe and well led domains although no breaches of

regulation were identified. During this inspection we checked to see if the required improvements had been made. We found that improvements had been made, a registered manager had been appointed and new staff had been recruited which meant the service was able to reduce the number of agency staff used.

A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

# Summary of findings

registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

However, we found there was a breach of regulation because people's medicines were not always managed safely.

People told us they felt the service was safe. Staff were trained to recognise and report abuse and knew what to do if they had any concerns about people's safety and welfare. The registered manager was familiar with the correct safeguarding procedures and reported any concerns or incidents to the relevant agencies.

There were enough staff deployed. Changes had been made to the shift patterns which meant there were more staff available at busy times. The required checks were carried out before new staff started work and this helped to protect people from being cared for and supported by staff who were not suitable to work in a care setting. New staff completed induction training and there was an on-going programme of staff training and development to help make sure people were supported by a team of well trained and competent staff.

The home was clean and safe but was in need of refurbishment. This had already been addressed by the provider and at the time of the inspection they were ready to consult with people who used the service about their preferred colour schemes.

The home was working in line with the requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) which meant people's rights were protected.

People were supported to have a varied and nutritious diet and people were complimentary about the chef and the quality of the food.

People's needs were assessed and each person had an individualised support plan. This helped to make sure the care and support provided was in line with their needs and preferences. The provider was reviewing the paperwork at the time of the inspection with a view to making the information in care/support records easier to use. People were supported to access the full range of NHS services.

People's privacy and dignity was respected and they were supported to develop and maintain relationships with family and friends. People had access to advocacy services and were supported to make decisions about their day to day lives.

Some people who used the service presented behaviour which challenged. We found the service had introduced a new model of care, Positive Behaviour Support. Positive Behaviour Support is supported by BILD (British Institute of Learning Disabilities) as the preferred approach when working with people with learning disabilities who exhibit behaviours described as challenging. It's focus is on the use of least restrictive practices and person centred care.

People were supported to take part in leisure and social activities of their choice both within the home and in the community. In the past year the home had created a sensory garden which was accessible to people living in the home and made the most of the limited outdoor space available.

There was a complaints procedure and people told us they were comfortable raising any concerns and confident they would be listened to. The service used information from complaints to make improvements to the service.

The atmosphere in the home was calm. People who used the service and staff were comfortable with each other and we saw a lot of positive interactions in the course of the day. We saw examples of how people who lived at the home were involved in decisions about how the service was run. For example, there were regular meetings to plan activities and people were involved in the selection of new staff.

The management team were enthusiastic and open and staff told us they were well supported and enjoyed working at the home.

The provider had systems in place to assess and monitor the quality of the services provided. The service had a continuous improvement plan which was updated every month.

We found one breach of regulation which related to how the service managed people's medicines. You can see what action we told the provider to take at the back of the full version of the report.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was not consistently safe.

People who used the service and their relatives told us they felt safe. Staff were trained to recognise and report any concerns about people's safety and wellbeing.

There were enough staff to support people. Robust recruitment procedures helped to make sure people were protected from harm.

People's medicines were not always managed safely and this created a risk they would not receive their prescribed medicines.

The home was clean and safe but in need of refurbishment.

Requires improvement



### Is the service effective?

The service was effective.

People's rights were protected because the service was working in accordance with the requirements of the Mental Capacity Act 2005.

People were supported to have a variety of nutritious food and drink which took account of their likes and dislikes.

Staff received the induction, support and training they required to support people and meet their needs

People were supported to meet their health care needs and have access to the full range of NHS services.

Good



### Is the service caring?

The service was caring.

People's privacy, dignity and individuality was respected.

People were supported to maintain and develop relationships with family and friends and had access to advocacy services when needed.

Good



### Is the service responsive?

The service was responsive.

People's needs were assessed and their care and support plans reflected their individual needs and preferences.

People were supported to take part in a variety of social activities both in the home and in the community.

There was a complaints procedure in place and information from complaints was used to help make improvements to the service.

Good



# Summary of findings

## Is the service well-led?

The service was well led.

There was a positive and open culture. People were supported to have a say in how the service was run and staff told us they felt supported and enjoyed working at the home.

Good



# Park View Road

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on 25 November 2015 and was unannounced.

The inspection was carried out by two inspectors.

As part of our inspection planning we reviewed the information we held about the home. This included information from the provider, notifications and speaking with the local authority contracts and safeguarding teams and contacting other professionals who are involved with the service. Before the inspection visit the provider sent us a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We spoke with one person who used the service. We observed how people were cared for and supported in the communal areas and observed the meal service at lunch time. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We spoke with the registered manager, two support workers, the chef and a visiting health care professional. We spoke with the relatives of three people who used the service by telephone.

We looked at three people's care records, a selection of medication records, staff records which included their recruitment files and training records and other records relating to the management of the home such as maintenance records, meeting notes and audits. We looked around the home at a selection of people's bedrooms, communal bath and shower rooms and the communal living rooms.

# Is the service safe?

## Our findings

We found medicines were stored in people's bedrooms so they felt a level of responsibility and independence. Each bedroom had a medicines safe which contained a medicines file. We saw medicine files contained personal paperwork such as 'How I take my medication', risk assessments and protocol sheets for as required medicines. We looked at one protocol sheet that was combined for two different medicines. This made the protocol un-clear and could have resulted in staff making mistakes.

We looked at the prescribed and administered medicines for people and the records of administration. One person's medicine was in a separate box. The label on the box stated to use as directed and the Medication Administration Record (MAR) indicated to use as directed. There was no document to describe how to use this medicine. We asked the team leader about this and they said it had recently changed but agreed they required more clarity. MAR sheets were used to record administration of 'as required' medicines. The team leader told us it was providers policy that a signature or code should be recorded whether the medicines had been administered or not. We found for most recordings of 'as required' medicines, there were large gaps in entries. For example, one person's medicine had been signed for 12 times over a 25 day period. This made stock checking the medicine difficult. This showed staff were not following the provider's policy. The service used a daily 'visual check sheet' to remind staff to make visual checks before administration. This check sheet had three separate days of gaps over a four week period.

We asked the team leader if any controlled drugs were in use in the service. They told us one person had one controlled drug prescribed. They said this drug was not subject to the same storage and recording restrictions as other controlled drugs. However we observed the stock count for this medicine was recorded as 36 units. The actual number of units in the home was two. The team leader had no explanation and agreed there had been an error.

The service had been carrying out medication audits and had made a number of changes to the way people's medicines were managed. However, we found there was a

potential risk to people's safety and for that reason we found the service was in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We observed medicines being administered in a safe way. Staff were patient and supported only the people they were working with, with their medicines. This made the administration of medicines safer.

The provider had safeguarding policies and procedures in place. The registered manager was aware of their responsibilities and our records confirmed allegations and/or suspicions of abuse were identified, reported and investigated. The registered manager told us all safeguarding concerns were discussed with staff and this included a reflection on what had happened to try to identify any triggers and consider how similar situations could be dealt with differently in the future. The registered manager told us they also held safeguarding workshops and a recent staff meeting had included a safeguarding quiz. This was confirmed by the records we looked at.

When people's care records identified areas of risk, we found risk assessments had been completed to reduce or remove the risks. Risk assessments identified the hazard, impact the hazard could have and an overall risk rating. This gave all risks a clear rating for staff to be aware of. People had risk assessments in place for safety at home and safety in the community. Staff were able to tell us specific risks to people when they were supporting certain individuals. The risk assessments had all been reviewed within the past six months. This showed us that identified risks had been assessed and staff were aware of how to minimise risks when supporting people.

A visiting health care professional told us they had found the service was not very good at sharing risk assessments with other service providers, such as day care services. However, they added the service was now taking action to rectify this.

Relatives we spoke with said they felt the home was in need of refurbishment. When we looked around we found the premises were clean and safe but in need of refurbishment. The provider told us they had a refurbishment plan in place which was due to commence early in 2016. They showed us the mood boards which had details of four different colour and décor schemes and

## Is the service safe?

explained the next step in the process was to talk to the people who lived at the home about their preferred scheme. The provider told us priority was being given up upgrading the bath and shower facilities.

Since the last inspection the home had developed a sensory garden which had made the limited outdoor space more accessible and appealing to people who lived at the home.

The provider had systems in place to make sure the premises were properly and safely maintained. We looked at the maintenance records and found they were up to date. These included checks on the water systems, fire safety equipment, gas and electricity.

At the last inspection in July 2014 we identified some concerns about the high numbers of agency staff which the service was using to maintain safe staffing levels. During this inspection the registered manager told us they had made significant improvements in reducing the numbers of agency staff. They explained they had carried out a programme of phased recruitment to bring new staff into the home in a gradual and planned way. This had been done to try to minimise the impact on people who used the service. The duty rotas confirmed the home was using a small number of regular agency staff. Using regular agency staff helps to maintain continuity of care.

The registered manager told us they had made other changes to the way staffing was organised. For example, they had introduced phased start and finish times. This meant that while there were never less than four staff during the day the staffing was more flexible and responsive to people's individual needs. They told us they were also in the process of introducing "core teams" so that each person who lived at the time had a dedicated team of care workers to support them.

The provider had a Human Resources department and they supported the registered manager with recruitment. We looked at three staff files and found all the required checks had been carried out before new staff started work. This included proof of identify, references and a criminal records check. This helped to make sure people were protected from the risk of being supported by people who were unsuitable to work in a care setting.

The relatives of people who lived in the home told us they felt it was a safe place. During the inspection we observed people who lived in the home were comfortable and at ease with the staff. There was a lot of positive interaction and friendly banter.

# Is the service effective?

## Our findings

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met.

Staff we spoke with had a basic understanding of the MCA and DoLS but they were able to indicate where they could find more information. There was information in the form of leaflets in the staff office. We spoke with the registered manager about this during feedback who said they would include a session in their team meeting on DoLS and MCA. We asked the registered manager about people that had been referred to the DoLS team. They said they had made five referrals for people and were awaiting their response. The registered manager told us they had been advised by the DoLS team not to send any more referrals due to a backlog. They showed us correspondence which confirmed this. We found that the service had worked within legislation and guidance in respect of people being deprived of their liberty.

In the Provider Information Return (PIR) the provider gave us detailed information about the training schedule they had in place to make sure all staff completed the required training to work safely and meet people's needs. This included a structured induction programme and the Care Certificate. In addition to new staff completing the Care Certificate the registered manager told they were planning to support all the existing staff to complete the Care Certificate. They said this would help to improve the service by making sure all staff had the same knowledge base.

The training programme covered topics relating to safe working practices such as fire safety, first aid, moving and handling, infection control and food hygiene. Other topics included safeguarding, whistle blowing, the Mental Capacity Act and DoLS, equality and diversity, positive behaviour support, medication, epilepsy and dementia awareness. We looked at a selection of training records and they confirmed the information in the PIR.

The registered manager explained all staff had a personal development plan (PDP) to support them in identifying and meeting professional and personal development goals. There was a planned programme of annual appraisals and supervisions and the records showed staff were receiving support to meet their development goals. Staff told us they felt supported and enjoyed working at the home.

A visiting health care professional told us the majority of staff showed a good understanding of the support needs of people living at the home. However, they said they felt staff would benefit from more detailed training, in particular about supporting people with Autism. They said they had spoken the provider about this and it was being addressed.

The service had a full time chef. The chef told us people were given a choice of meals and alternatives were provided if they did not want the meal on the menu. We observed people in the dining room over lunch time and one person did not want their food. Staff took it away and asked what they would like, offering them options. The person indicated they would like a sandwich and the chef made them a sandwich. A notice board in the dining room was filled with large photos of the food the chef had prepared for that day. Staff encouraged people to look at this board when they wanted reminding what they could have. We saw in the kitchen there was a list of people's likes and dislikes and the chef told us the menu had been created around their choices. The menus had a good range of different foods to support a balanced diet. We saw the food being prepared looked fresh and appealing. One person told us the food was really good. Staff told us they thought people that used the service received good quality food in suitable portions. One staff member said, "The food always looks good", and "People can always have something else if they wish."

Two people's relatives were very complimentary about the chef and said the food was excellent. Another person's

## Is the service effective?

relative said the chef was very accommodating and always willing to try to find things people liked. However, they said in spite to the chef's best efforts their relative still preferred food which had been cooked at home by the family.

In people's care records we saw there were details of the health professionals involved with their care. One person we spoke with told us they received support from health professionals if they needed it. They gave us an example of seeing the doctor when they felt ill. Peoples care records contained health support team referral forms for people to access services. We saw input from dieticians, podiatrists, psychiatry and doctors. Some of the support plans

included input from health professionals. For example, when people had been supported by the dietician this was reflected in their support plans around nutrition. Staff told us they were quick to respond if someone's needs required professional input.

A visiting health care professional told us when reviewing one person's care they had found the person had not seen a dentist for three years. They said this was dealt with immediately once identified but felt the service needed to improve the way they monitored people's health care appointments.

# Is the service caring?

## Our findings

People's relatives told us the staff were caring and they felt confident their relatives were well cared for. One person said, "They care for [person's name], the support is great." Another person said, "It is the right place for [person's name]". Relatives told us they were involved, kept informed and felt listened to. One person's relative described the home as providing a "proactive environment" where people were encouraged and supported to keep active. A visiting health care professional said, the "Majority of staff are positive and person centred."

The SOFI observation we carried out showed us staff always had a presence in busy areas. People who required one to one support received it. We observed staff responded immediately to people when they needed support. The support provided by staff was in line with their support plans. We observed staff had a good understanding of people's backgrounds and when they chatted with people we heard them talking to people about their likes and their family. We saw one staff member only spoke with someone once they had their eye contact. Another staff member knelt down to eye level to speak with another person. This showed us staff were respectful of people's individuality.

Advocacy information was available in the office and staff told us people had made use of advocacy previously for important decisions. An advocate who provided support to two people who lived at the home told us they were impressed with the way staff supported people to make informed choices. They said this included supporting people to consider and discuss the risks associated with their choices and how those risks could be minimised.

We found people were supported to maintain family relationships. For example, we saw that two people spent time at home with their families every week. In addition, the registered manager was able to share with us examples of how people were supported to develop and maintain friendships and relationships with their peers. This showed us people's right to a private and family life was respected.

Some people gave us permission to look in their rooms. We saw people's rooms were decorated and furnished to reflect their individual tastes and needs. This demonstrated recognition of and respect for people's individuality.

The registered manager explained how people were supported to achieve their potential and gain new skills. For example, one person was involved in the development of the sensory garden and others were being supported to make light meals and snacks.

Since the last inspection the service had been implementing a new model of care, Positive Behaviour Support (PBS). PBS is promoted by BILD (British Institute of Learning Disabilities) as the preferred approach when working with people with learning disabilities who exhibit behaviours described as challenging. PBS is based on the use of least restrictive practices and is fundamentally rooted in person centred values, aiming to enhance community presence, increasing personal skills and competence and placing emphasis on respect for the individual being supported.

The registered manager told us the introduction of PBS had contributed to a calmer atmosphere within the service.

# Is the service responsive?

## Our findings

We looked at three people's care records. The care records were split into different sections to make them easier to use. The care records were filled with personal information including pictures and details of family members and health professionals involved in each person's care. The care records were person centred and contained documents called 'What I prefer to be called', 'About Me' and 'People important to me'. This showed us the care records had been created around each person and provided staff with a good understanding of their needs and wants.

People's care records contained a document called a 'Support Plan'. This document gave staff clear guidance of how to support people and how they liked their support. Support plans were split into sections for the morning routine and evening routine as well as other areas important to each person. For example, one person had a support plan for meal times, eating disorders and health care appointments. Each section included lists of 'do's and don'ts'. For example, one person's support plan for accessing the community told staff they must keep pace with the person and keep them engaged. This gave staff specific information to enable them to provide support in a way which would ensure people were safe and happy.

The care records included documents specifically designed for people with support needs. We found the service made use of tools to make support more effective. For example people had a 'Dis Dat' which is a tool used to determine when people who communicate in ways other than verbal can be supported when they are distressed. Other documents including hospital passports and health action plans.

During the inspection we saw a number of people leave the service to take part in other activities. One person told us

they went out most days to the shops or to see people. Another person was being supported to sweep leaves up in the sensory garden. When they had finished they told staff they enjoyed it. Another person expressed a desire to play a board game with staff and we saw they were supported to do this. In people's care records we saw evidence people had attended cycling classes, swimming lessons and parties. Staff told us they supported people in meetings to find out what they wanted to do, and then they tried to put a plan in place so they can achieve their goals.

The relative of one person who used the service told us their relative needed a structured routine and said the home provided this for them. They said they were pleased their relative had been supported to take part in a sponsored walk and other outdoor activities such as doing the Three Peaks. Six people who used the service, family members and staff had taken part in a sponsored walk in a local park on 17 October 2015.

The provider had a complaints procedure in place. People's relatives told us they felt comfortable about raising any concerns they might have and said they were listened to. The provider told us they had received five complaints and seven compliments in the last 12 months. All the complaints had been dealt with and resolved in line with the provider's policy. The registered manager told us they had reviewed the complaints and identified a common theme. They identified a common theme from family members was that communication among the staff team was not always as good as it should be. In response they had implemented a more detailed handover report which included team leaders writing a summary report at the end of each shift to be shared with the team leader on the next shift. The registered manager said this had improved communication and meant actions were being followed up more effectively.

# Is the service well-led?

## Our findings

During our observations we noted that the service was calm and relaxed most of the time. Any disruptions were diverted by staff quickly. People shared laughter with staff members and appeared at ease when talking to one another. People who used the service said they enjoyed living at the home and spending time there. Staff told us they enjoyed coming to work and believed they completed a good job. One staff member told us, "It's a nice place to be." This showed us the culture in the service was a positive one.

The registered manager had been in post for approximately a year at the time of the inspection and spoke with great enthusiasm about the home and their plans for continuing to improve the service. People's relatives told us they felt the home was more stable since the appointment of the registered manager. Going forward they said they hoped to see less changes among the staff team as this has been one of the main causes of anxiety for them and their relatives. People's relatives told us the registered manager listened to them and took notice of what they said. A visiting health care professional told us they had found the management team to be open, welcoming and on the whole open to suggestions.

The provider had systems and processes in place to monitor the quality of the services provided.

Following the inspection in July 2014 they had put an action plan in place. This had evolved into a continuous improvement plan for the service and was in use at the time of this inspection. The improvement plan showed areas where improvements were needed and the actions taken or in progress. For example, one of the objectives had been to adopt a new approach to involving people who used the service in staff recruitment. The registered manager explained how this had been done; giving potential candidate set appointments and people who used the service being engaged in a specific activity or task.

The task provided a focus for conversation and helped both the people living in the home and potential candidates to interact in a more relaxed way. This in turn provided more useful information about their suitability of potential candidate to work in the service. The registered manager was able to share examples of how feedback from people who used the service had influenced decisions about recruitment.

The registered manager completed a monthly service report for the provider. This covered all aspects of the service. For example, it included a report on accidents, incidents, safeguarding and complaints. The report required the registered manager to provide a summary of all accidents, incidents, safeguarding and complaints and provide details of the actions taken, the agencies notified and the lessons learned.

The monthly service report also included information about the involvement of people who used the service. For example, the report for October 2015 showed there had been a meeting for people who used the service on 15 October 2015 in which plans for Halloween and a sponsored walk had been discussed. The report also showed three people who used the service had been involved in review of their care during October 2015.

There were regular team meetings to keep staff informed about changes and give them the opportunity to share views and contribute to the improvement of the service.

The provider had appointed a Quality Assurance Manager to review and revise the systems and processes for monitoring the quality of the services provided. The registered manager told us the QA manager was supporting to identify and implement improvements to the service. For example, the registered manager had identified from the care plan audits that it was not always easy to find information in the care records. As a result the QA manager was reviewing all the documents included in people's individual care files and the way in which the information was stored.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

### Regulated activity

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

**People were at risk of receiving care and treatment which was not safe because medicines were not always managed in a safe and proper way. Regulation 12(2)(g)**